2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P04000023522

Entity Name: OPTIMAL ELECTRIC, HEATING & AIR, INC.

Current Principal Place of Business:

2499 OLD LAKE MARY RD
#116
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2499 OLD LAKE MARY RD
#116
SANFORD, FL 32771

New Mailing Address:

FEI Number: 56-2429446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KMETT, KIMBERLY A
2499 OLD LAKE MARY RD
#116
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BOLTON, MARK
2499 OLD LAKE MARY RD
#116
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OPTIMAL ELECTRIC HEATING & AIR 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FRANZEN, CORY L MR
Address: 1472 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

Title: P ( ) Delete
Name: MONSEES, GARY J MR
Address: 211 S. SUMMERLIN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: BOLTON, MARK C MR
Address: P.O. BOX 907
City-St-Zip: GENEVA, FL 32732

Title: S (X) Delete
Name: KMETT, KIMBERLY A MS
Address: 211 S SUMMERLIN AVE
City-St-Zip: SANFORD, FL 32771 US

Title: T (X) Delete
Name: KMETT, KIMBERLY A MS
Address: 211 S SUMMERLIN AVE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FRANZEN, CORY L MR
Address: 1472 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change ( ) Addition
Name: MONSEES, GARY J MR
Address: 211 S. SUMMERLIN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change ( ) Addition
Name: BOLTON, MARK C MR
Address: P.O. BOX 907
City-St-Zip: GENEVA, FL 32732

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MONSEES D 04/27/2007
Electronic Signature of Signing Officer or Director Date